SCC eFile	2014 ANNUAL REPOR COMMONWEALTH OF VIRG STATE CORPORATION COMMI	INIA			
1.) CORPORATION NAME:		DUE DATE: 2	/28/2014		
MID-ATLANTIC PROFESSIONA	L GERIATRIC	502 57 (12. 2)	, 20, 20 1 .		
CAREMANAGERS, INC.		SCC ID NO: 0	SCC ID NO: 04422663		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JUDITH GRUMBLY 299 LITTLE FALLS ST SUITE 306		5.) STOCK IN CLASS	FORMATION AUTHORIZED		
FALLS CHURCH, VA					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)					
4.) STATE OR COUNTRY OF INCO VA	RPORATION:				
6.) PRINCIPAL OFFICE ADDRESS:					
ADDRESS: 123 E Go					
CITY/ST/ZIP: Ardmo	·		P 4 1 A 2 P 1 1		
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
	X	OFFICER	χ DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REGINA CURRAN Past Predident PO BOX 20414 BALTIMORE, MD 21284	,			
	X X	OFFICER	χ DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANICE DUFFIN PRESIDENT 123 E GOLFVIEW RD ARDMORE, PA 19003	I			
	X	OFFICER	χ DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH GRUMBLY VICE PRESIDENT 200 LITTLE FALLS ST SUITE 306 FALLS CHURCH, VA 20046		_		
		OFFICER	χ DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN PLATT DIRECTOR PO BOX 72 HUNT VALLEY, MD 21030	•			
	Х	OFFICER	χ DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENISE VALERIO PRESIDENT ELECT PO BOX 382 AMBLER, PA 19002				
NAME	X	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kathleen Wall SECRETARY PO Box 566 Mount Gretna, PA 17064				

		Х	OFFICER	χ DIRECTOR	
	Buckley Fricker				
TITLE:	TREASURER				
ADDRESS: CITY/ST/ZIP/CO:	2104 Salt Kettle Way				
C11 1/51/21P/CO:	Reston, VA 20191				
			OFFICER	χ DIRECTOR	
	Marjorie Harper		•		
	DIRECTOR				
ADDRESS:	12011 Government Ctr Pkwy				
	Suite 708 Faiffax, VA 22035				
			OFFICER	χ DIRECTOR	
	Susan Murphy		1		
	DIRECTOR				
	11120 New Hampshire Ave				
	Suite 505 Silver Spring, MD 20924				
G , G , , G	Silver Spring, MD 20924	_	1		
NIAME.			OFFICER	χ DIRECTOR	
	Wendy Liebling				
::: <u></u> :	DIRECTOR PO Box 586				
	Flourtown, PA 19031				
511 775 77 211 775 51	Tiouriowii, i A 15051		1055055	DIDECTOR	
NAME:			OFFICER	X DIRECTOR	
	Carla Payne DIRECTOR				
	PO Box 354				
	Chadds Ford, PA 19317				
	<u> </u>	TDON	IIC DEDODT IS ACC	LIDATE AND	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ REGINA CURRAN	REGINA CURRAN, Past Pr	edide	nt 12	2/9/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORF	PORAT	E	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material					

respect with the intent that the document be delivered to the Commission for filing.